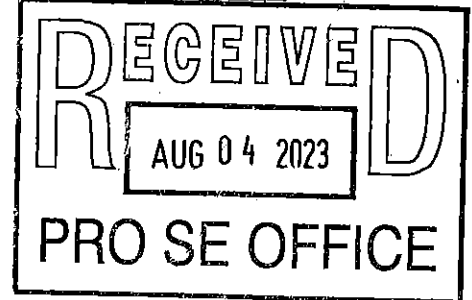


**United States District Court
Southern District of New York**



Sonya Munroe

CV

-against-

COMPLAINT

Do you want a jury trial?

☐ Yes ☒ No

Aetna Medicare

I. BASIS FOR JURISDICTION

What is the basis for federal-court jurisdiction in your case?

☒ **Federal Question**

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Sonya's federal statutory right to medical benefits under the Medicare and Medicaid Act of 1965.

II. PARTIES

A. Plaintiff Information

<u>Sonya</u>		<u>Munroe</u>
First Name	Middle Initial	Last Name

<u>63 New Broadway</u>
Street Address

<u>Sleepy Hollow</u>	<u>NY</u>	<u>10591-1723</u>
County, City	State	Zip Code

<u>(914) 631 - 2983</u>	<u>munroesonya@gmail.com</u>
Telephone Number	Email Address

B. Defendant Information

Defendant: *(There's only one.)*

(Defendant is a corporation. Their president's name is Karen Lynch.)

Aetna Medicare

First Name

Last Name

151 Farmington Avenue

Current Address

Hartford

CT

06105

County, City

State

Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence: Westchester County NY, where Sonya lives; Hartford CT, where Aetna's headquarters is.

Date(s) of occurrence: In 2023 from May 31st to July 19th.

FACTS: *(Stated in Sonya's 1st person voice, not her husband Patrick's who represents her pro se.)*

- (1) My Aetna Medicare Elite Plan ID number is 101594894700.**
- (2) The pain began in my left leg on March 22nd.**
- (3) On March 30th, Dr. Abraham Mittelman recommended an MRI.**
- (4) On April 22nd, the MRI showed a synovial cyst between two vertebrae. It was constricting the sciatic nerve to my left leg, causing the pain.**
- (5) On May 1st, spine surgeon Dr. Alain de Lotbinière showed us the MRI and scheduled his surgery to remove it on May 31st.**
- (6) On May 16th, Aetna denied medical coverage for the surgery and my inpatient hospital admission. Instead, they required that I undergo presurgical physical therapy.**
- (7) On May 23rd, my surgeon appealed Aetna's denial. He spoke with an Aetna representative, a retired spine surgeon himself, who agreed that physical therapy was unnecessary and would have no effect on the cyst, but that it was Aetna protocol and he was bound by it.**
- (8) On May 24th, Aetna rejected my surgeon's appeal of their denial. He then acceded to Aetna's physical therapy requirement and rescheduled the surgery for July 18th.**
- (9) On May 26th, at the therapist's prompt, I began keeping a journal of the daily pain. On a 1-to-10 scale, least-to-worst, it varied from 6 to 9. It hurt so much that I couldn't stand at the kitchen sink, and for the fifteen steps to the bathroom, I had to use a walker.**

- (10) The therapy ended June 19th.
- (11) On June 24th, Aetna approved the surgery for July 18th.
- (12) On June 26th, an Aetna complaint analyst phoned. For the day of the surgery, she said they approved outpatient admission but not inpatient. My surgeon had recommended inpatient admission.
- (13) During the seven-week delay in the surgery, I kept taking the ibuprofen my doctor recommended to alleviate pain. It had a dangerous side effect that was diagnosed as chronic kidney insufficiency.
- (14) On July 6th, pre-op tests.
- (15) On July 18th, the surgeon removed the cyst, the size of a peanut: 3.7 cm x 2.6 cm x 1.4 cm in aggregate. About 5 PM, the wound was still bleeding, leaking outside the dressing. Nursing staff replaced it, and I was released about 6 PM.
- (16) On July 19th about 3 AM, the dressing was blood soaked again and was falling off. I managed to replace it and phoned the doctor later that morning for advice.

INJURIES:

None.

IV. RELIEF

I seek (1) \$360 for the copay I paid for presurgical physical therapy, and (2) the Court's order that Aetna publicly admit responsibility for my seven weeks of suffering, and that they give a corrective protocol to the Court for its approval – how from now on Aetna will treat plan members humanely and in accordance with their legal and moral obligations, not as they treated me.

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rules of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

August 4, 2023
Dated

Sonya Munroe
Plaintiff's Signature

<u>Sonya</u>		<u>Munroe</u>
First Name	Middle Initial	Last Name

63 New Broadway
Street Address

<u>Sleepy Hollow</u>	<u>NY</u>	<u>10591-1723</u>
County, City	State	Zip Code

<u>(914) 631 - 2983</u>	<u>munroesonya@gmail.com</u>
Telephone Number	Email Address

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

(I have read it but don't consent to receive electronic services and documents in my case.)